

Please type a plus (+) sign in this box → +

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UTILITY PATENT APPLICATION TRANSMITTAL

(Only for new non-provisional applications under 37 C.F.R. § 1.53(B))

Attorney Docket No. M61.12-0370

First Inventor or Application Identifier Zheng Chen et al.

Title METHOD AND APPARATUS FOR ADAPTING A CLASS ENTITY DICTIONARY USED WITH LANGUAGE MODELS

Express Mail Label No. EL844349437US

APPLICATION ELEMENTS
 See MPEP chapter 600 concerning utility patent application contents.

Address To:
 Assistant Commissioner for Patents
 Box Patent Application
 Washington, DC 20231

1. *Fee Transmittal Form e.g., PTO/SB17)
(Submit an original and a duplicate for fee processing)
2. Specification [Total Sheets 31]
(preferred arrangement set forth below
 - Descriptive title of the Invention
 - Cross References to Related Applications
 - Statement Regarding Fed sponsored R & D
 - Reference to Microfiche Appendix
 - Background of the Invention
 - Brief Summary of the Invention
 - Brief Description of the Drawings (if filed)
 - Detailed Description
 - Claim(s)
 - Abstract of the Disclosure
- Drawing(s) (35 U.S.C. § 113) [Total Sheets 6]
- Oath or Declaration [Total Sheets 5]
 a. Newly executed (original or copy)
 b. Copy from a prior application (37 C.F.R. § 1.63(d))
(for continuation/divisional with Box 17 completed)
 i. DELETION OF INVENTOR(S)
Signed statement attached deleting inventor(s) named in the prior application, see 37 C.F.R. §§1.63(d)(2) and 1.33(b).

5. Microfiche Computer Program (Appendix)
 6. Nucleotide and/or Amino Acid Sequence Submission
(If applicable, all necessary)
 a. Computer Readable Copy
 b. Paper Copy (Identical to computer copy)
 c. Statement verifying identity of above copies

ACCOMPANYING APPLICATION PARTS

7. Assignment Papers (cover sheet & document(s))
 8. 37 C.F.R. § 3.73(b) Statement
(when there is an assignee) Power of Attorney
 9. English Translation Document
 10. Information Disclosure Statement (IDS/PTO – PTO) Copies of IDS
 11. Preliminary Amendment
 12. Return Receipt Postcard (MPEP 503)
 13. *Small Entity Statement(s) Statement filed in prior application.
Status still proper and desired (PTO/SB/09-12)
 14. Certified Copy of Priority Document(s)
(if foreign priority is claimed)
 15. Request and Cert. Under 35 USC 122 (Non-Pub)
 16. Other: Our checks in the amounts of
\$776 and \$40.00

* NOTE FOR ITEMS 1 & 13: IN ORDER TO BE ENTITLED TO PAY SMALL ENTITY FEES, A SMALL ENTITY STATEMENT IS REQUIRED (37 C.F.R. § 1.27), EXCEPT IF ONE FILED IN A PRIOR APPLICATION IS RELIED UPON (37 C.F.R. § 1.28).

17. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment:

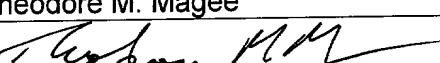
 Continuation Divisional Continuation-in part (CIP) of prior application No: _____

Prior application information: Examiner _____ Group/Art Unit: _____

FOR CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 4b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

17. CORRESPONDENCE
 Customer Number or Bar Code Label (Insert Customer No. or Attach bar code label here) or Correspondence address below

| | | | | | |
|---------|--|-----------|----------------|----------|--------------------|
| Name | Theodore M. Magee WESTMAN CHAMPLIN & KELLY | | | | |
| Address | Suite 1600 – International Centre 900 South Second Avenue | | | | |
| City | Minneapolis | State | MN | Zip Code | 55402-3319 |
| Country | USA | Telephone | (612) 334-3222 | | Fax (612) 334-3312 |

| | | | |
|-------------------|---|-----------------------------------|----------|
| Name (Print/type) | Theodore M. Magee | Registration No. (Attorney/Agent) | 39,758 |
| Signature |  | Date | 11/13/01 |

FEE TRANSMITTAL

Complete if Known

Application No.

Filing Date

First Named Inventor

Title

Group Art Unit

Examiner Name

Atty. Docket Number

Total Amount of Payment \$ 776

METHOD OF PAYMENT (Check One)

1. The Director is hereby authorized to charge any additional fee required under 37 C.F.R. § 1.16 and 1.17, including any petition fee, and credit any over payments to Deposit Account No. 23-1123 Westman, Champlin & Kelly, P.A.

2. Check Enclosed

FEE CALCULATION

BASIC FILING FEE

Large Entity Small Entity

| Fee | Fee | Fee | Fee |
|-------------|-------------|-------------|-------------|
| <u>Code</u> | <u>(\$)</u> | <u>Code</u> | <u>(\$)</u> |

| 101 | 740 | 201 | 370 |
|-----|-----|-----|--|
| | | | <input checked="" type="checkbox"/> Utility Filing Fee |

| 106 | 330 | 206 | 165 |
|-----|-----|-----|--|
| | | | <input type="checkbox"/> Design Filing Fee |

| 108 | 740 | 208 | 370 |
|-----|-----|-----|---|
| | | | <input type="checkbox"/> Reissue Filing Fee |

| 114 | 160 | 214 | 80 |
|-----|-----|-----|---|
| | | | <input type="checkbox"/> Prov. Filing Fee |

Subtotal (1) \$ 740

EXTRA CLAIM FEES

| Number Claims | Prior** | Extra | Fee from Below | Fee Paid |
|------------------|---------|-------|-------------------|----------|
|------------------|---------|-------|-------------------|----------|

| | | | | | |
|-------|----|----|---|----|----|
| Total | 22 | 20 | 2 | 18 | 36 |
|-------|----|----|---|----|----|

| | | | | | |
|--------|---|---|---|----|---|
| Indep. | 3 | 3 | 0 | 84 | 0 |
|--------|---|---|---|----|---|

Multiple Dependent Claims

** Insert 3 and 20, or number previously paid if greater, Reissue see below

| Large Entity | Small Entity | Description |
|--------------|--------------|-------------|
|--------------|--------------|-------------|

| Fee <u>Code</u> | Fee <u>(\$)</u> | Fee <u>Code</u> | Fee <u>(\$)</u> |
|--------------------|--------------------|--------------------|--------------------|
|--------------------|--------------------|--------------------|--------------------|

| | | | |
|-----|----|-----|---|
| 103 | 18 | 203 | 9 |
|-----|----|-----|---|

| | | | |
|-----|----|-----|----|
| 102 | 84 | 202 | 42 |
|-----|----|-----|----|

| | | | |
|-----|-----|-----|-----|
| 104 | 280 | 204 | 140 |
|-----|-----|-----|-----|

| | | | |
|-----|----|-----|----|
| 109 | 84 | 209 | 42 |
|-----|----|-----|----|

| | | | |
|-----|----|-----|---|
| 110 | 18 | 210 | 9 |
|-----|----|-----|---|

Claims in excess of 20
Independent claims in excess of 3
Multiple Dependent Claims
Reissue Independent Claims over
Original Patent
Reissue claims in excess of 20
and over original patent

Subtotal (2) \$ 36

3. ADDITIONAL FEES

| Large Entity Fee <u>Code</u> | Small Entity Fee <u>Code</u> | Fee Description | Fee Paid |
|------------------------------------|------------------------------------|-----------------|--|
| 105 | 130 | 205 | 65 Surcharge - Late filing fee or oath |
| 127 | 50 | 227 | 25 Surcharge - Late provisional Filing Fee or cover sheet |
| 139 | 130 | 139 | 130 Non-English specification |
| 147 | 2,520 | 147 | 2,520 For Filing a Request for Reexamination. (ex parte) |
| 115 | 110 | 215 | 55 Extension for reply within first month |
| 116 | 400 | 216 | 200 Extension for reply within second month |
| 117 | 920 | 217 | 460 Extension for reply within third month |
| 118 | 1,440 | 218 | 720 Extension for reply within fourth month |
| 128 | 1,960 | 280 | 980 Extension for reply within fifth month |
| 120 | 320 | 220 | 160 Filing a brief in support of an appeal |
| 121 | 280 | 221 | 140 Request for oral hearing |
| 148 | 110 | 248 | 55 Terminal Disclaimer Fee |
| 140 | 110 | 240 | 55 Petition to Revive - unavoidable |
| 141 | 1,310 | 241 | 670 Petition to Revive - unintentional |
| 142 | 1,310 | 242 | 670 Utility/Reissue issue fee (inc. advance copies) |
| 143 | 490 | 243 | 260 Design issue fee (inc. advance copies) |
| 122 | 130 | 122 | 130 Petitions to the Commissioner |
| 123 | 50 | 123 | 50 Petitions related to provisional applications |
| 126 | 180 | 126 | 180 Submission of Information Disclosure Statement |
| 581 | 40 | 581 | 40 Recording each patent assignment per property (times number of properties) |
| Other Fee (specify) _____ | | | Subtotal (3) \$ |

Signature Theodore M. Magee
(Theodore M. Magee)

Reg. No. 39,758

Date _____

Deposit Account No. 23-1123